

GAP Benefits, Scope of Service, and Provider Qualifications			
Benefit	Provider Qualifications	Scope and Limitations	Differences from current VA Medicaid Program
SMI Eligibility Screenings			
SMI Eligibility Screenings (short and long) will be performed as part of the GAP eligibility process, and can be performed by CSBs, FQHCs, and hospitals with psychiatric units or free-standing psych hospitals (state or private).			
GAP Services to be provided through the Department's Behavioral Health Services Administrator (BHSA) – Administrative Costs			
Care Coordination	Same as the current VA Medicaid Program; services will be provided through the Department's BHSA, Magellan. Magellan care managers are all licensed mental health professionals.	Care managers will provide information regarding covered benefits, provider selection, and how to access all services including behavioral health and medical and using preferred pathways. Magellan care managers will work closely with CSB providers of mental health case management services to assist GAP members in accessing needed medical, psychiatric, social, educational, vocational, and other supports as appropriate	None
Crisis Line	Same as the current VA Medicaid Program (BHSA)	The crisis line will be available to GAP members within the same manner as currently provided to the Medicaid and CHIP populations through Magellan. The crisis line is available 24 hours per-day, 7 days per-week and includes access to a licensed care manager during a crisis.	None
Peer Supports	Initially peer support services will be provided through the Department's BHSA; however, the Department may transition these to allow coverage and reimbursement through trained peer support providers as certified by the Department of Behavioral Health and Developmental Services (DBHDS).	Magellan Peer Support services are provided by trained peer support navigators (PSNs), who self-disclose as living with or having lived with a behavioral health condition. The goal of Peer Support services is to make the transition back into the community a successful one and avoid future inpatient stays. It is expected that there will be more frequent face-to-face engagement via the Peer Support team compared to clinical team members. These voluntary services are designed to facilitate connections with local peer-run organizations, self-help groups, other natural supports, and to engage them in treatment with the appropriate community-based resources to prevent member readmissions, improve community tenure and meaningful participation in communities of their choice. The scope of services provided through Peer Supports will include	Not currently a service provided under the current VA Medicaid program.

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		<p>services in the home, community, or provider setting including but not limited to:</p> <ul style="list-style-type: none"> • Visiting members in inpatient settings to develop the peer relationship that is built upon mutual respect, unique shared experiential knowledge, and facilitates a foundation of hope and self-determination to develop, or enhance, a recovery-oriented lifestyle. • Exploring peer and natural community support resources from the perspective of a person who has utilized these resources and navigated multi-level systems of care. These linkages will expand to educating members about organizations and resources beyond the health care systems. • Initiating dialogue and modeling positive communication skills with members to help them self-advocate for an individualized discharge plan and coordination of services that promotes successful community integration upon discharge from adult inpatient settings. • Assisting in decreasing the need for future hospitalizations by offering social and emotional support and an array of individualized services. • Developing rapport and driving engagement in a personal and positive supportive relationship, demonstrating and inspiring hope, trust, and a positive outlook, both by in-person interactions on the inpatient unit and a combination of face-to-face and 'virtual' engagement for GAP participants in the community. • Providing social, emotional and other supports framed around the 8 dimensions of wellness. • Brainstorming to identify strengths and needs post-discharge, assisting member to be better self-advocates, and ensure that the discharge plan is comprehensive and complete. 	

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		<ul style="list-style-type: none"> Brainstorming with the member to identify the triggers and/or stressors that led to the psychiatric hospitalization. Direct face-to-face as well as toll-free warm-line services to eligible GAP members 7 days per week. The warm-line is a telephonic peer support resource staffed by as needed PSNs, trained specifically in warm-line operations and resource referrals. The warm-line associated with the PSN GAP services program would offer extended hours, toll-free access, and dedicated data collection capabilities. 	
GAP Services to be provided through the Department's Medicaid provider network			
Outpatient physician, clinic, specialty care, consultation, and treatment; includes evaluation, diagnostic and treatment procedures performed in the physician's office; includes therapeutic or diagnostic injections.	Same as the current VA Medicaid Program	No exclusions where the place of treatment is the physician's office except as shown in Attachment 1; otherwise, the scope of coverage is within the current Virginia Medicaid coverage guidelines. Exclusions are listed in Attachment 1.	No emergency room or inpatient coverage; no coverage for excluded services per Attachment 1.
Outpatient hospital coverage, including diagnostic and radiology services electrocardiogram, authorized CAT and MRI scans.	Same as the current VA Medicaid Program	No exclusions where the place of service is the physician's office except as shown in Attachment 1; otherwise, the scope of coverage is within current Virginia Medicaid coverage guidelines.	No emergency room or inpatient coverage. Outpatient hospital treatment coverage is limited; see exclusions in Attachment 1.
Outpatient laboratory	Same as the current VA Medicaid Program	No exclusions where the place of service is the physician's office except as shown in Attachment 1; otherwise, the scope of coverage is within current Virginia Medicaid coverage guidelines.	None

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Outpatient pharmacy	Same as the current VA Medicaid Program	Coverage is within the current Virginia Medicaid coverage guidelines.	None
Telemedicine	Same as the current VA Medicaid Program	No exclusions where the place of service is the physician's office except as shown in Attachment 1; otherwise, the scope of coverage is within current Virginia Medicaid coverage guidelines.	None
Outpatient medical equipment and supplies	Same as the current VA Medicaid Program	Coverage is limited to certain diabetic equipment and supply services, where the scope of coverage is shown in Attachment 2.	Limited to certain diabetic equipment and supply services.
GAP Case Management	Same as the current VA Medicaid Program for targeted mental health case management for individuals with serious mental illness.	GAP Case Management (GCM) will be provided statewide and does not include the provision of direct services. GCM will have two tiers of service, regular and high intensity. Regardless of the level of service, GCM will work with Magellan care managers to assist GAP members in accessing needed medical, behavioral health (psychiatric and substance abuse treatment), social, educational, vocational, and other support services. Individuals who need a higher intensity of service will receive face to face GCM provided in the community. Higher intensity GCM will be paid at the high intensity rate. GAP case managers will work closely with Magellan care coordinators. GCM service registration will be required with Magellan.	Primary differences between GCM and Mental Health Targeted Case Management : <ul style="list-style-type: none"> • GCM (regular intensity) does not require face to face visits. • GCM requires monthly collaboration with Magellan care management. • GCM reimbursement rates are different: <ul style="list-style-type: none"> • \$195.90-Regular • \$220.80-High Intensity
Crisis Intervention	Same as the current VA Medicaid Program	Scope of coverage is within current Virginia Medicaid coverage guidelines.	None
Crisis Stabilization	Same as the current VA Medicaid Program	Scope of coverage is within current Virginia Medicaid coverage	Service authorization

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		guidelines.	will be required to enable effective coordination.
Psychosocial Rehab Assessment and Psychosocial Rehab Services	Same as the current VA Medicaid Program	Scope of coverage is within current Virginia Medicaid coverage and reimbursement guidelines and limitations.	None
Substance Abuse Intensive Outpatient (IOP) Treatment	Same as the current VA Medicaid Program	Scope of coverage is within current Virginia Medicaid coverage and reimbursement guidelines and limitations.	None
Methadone	Same as the current VA Medicaid Program	Scope of coverage is within current Virginia Medicaid coverage and reimbursement guidelines and limitations.	None
Opioid Treatment administration	Same as the current VA Medicaid Program	Scope of coverage is within current Virginia Medicaid coverage and reimbursement guidelines and limitations.	None
Psychiatric evaluation and outpatient individual, family, and group therapies (mental health and substance abuse treatment).	Same as the current VA Medicaid Program	No exclusions except as shown in Attachment 1. Under GAP, there are no maximum benefit limitations on traditional behavioral health psycho-therapy services.	Under GAP, there are no maximum benefit limitations on traditional behavioral health psycho-therapy services. (Current Medicaid program limits for psychotherapy services are 26 visits per year with an additional 26 in the first year of treatment.)

Attachment 1 - Non-Covered Services

Note: Traditional benefits are considered behavioral health services that are typically included in commercial health insurance plans. Non-traditional, refers to behavioral health services that are covered by Virginia's Medicaid program, but not through commercial insurance.

Non-Covered Medical Services	
<ul style="list-style-type: none"> Any medical service not otherwise defined as covered in Virginia's State Plan for Medical Assistance Services Chemotherapy Colonoscopy Cosmetic procedures Dental Dialysis Durable medical equipment (DME) and supply items (other than those required to treat diabetes) Early and Periodic Screening Diagnosis and Treatment (EPSDT) services Emergency room treatment Hearing aids Home health (including home IV therapy) Hospice Inpatient treatment Long-term care (institutional care and home and community-based services) 	<ul style="list-style-type: none"> Nutritional supplements OB/maternity care (gynecology services are covered) Orthotics and prosthetics Outpatient hospital procedures (other than the following diagnostic procedures) <ul style="list-style-type: none"> Diagnostic ultrasound procedures EKG/ECG, including stress Radiology procedures (excludes PET and Radiation Treatment procedures) PT, OT, and speech therapies Private duty nursing Radiation therapy Routine eye exams (to include contact lenses and eyeglasses) Services from non-enrolled Medicaid providers Services not deemed medically necessary Services that are considered experimental or investigational Sterilization (vasectomy or tubal ligation) Transportation
Non-Covered Traditional Behavioral Health Services	
<ul style="list-style-type: none"> Any behavioral health or substance abuse treatment services not otherwise defined as covered in Virginia's State Plan for Medical Assistance Services Electroconvulsive therapy and related services (anesthesia, hospital charges, etc.) Emergency room services, Hospital observation services, Psychological and neuropsychological testing Residential treatment services (Levels A, B and C) 	<ul style="list-style-type: none"> Inpatient hospital or partial hospital services Smoking and tobacco cessation and counseling Services specifically excluded under the State Plan for Medical Assistance Services not deemed medically necessary Services that are considered experimental or investigational Services from non-enrolled Medicaid providers
Non-Covered Non-Traditional Behavioral Health Services	
<ul style="list-style-type: none"> Any behavioral health or substance abuse treatment services not otherwise defined as covered in Virginia's State Plan for Medical Assistance Services Day treatment partial hospitalization EPSDT services including multi-systemic ABA treatment, Intensive in home services Intensive community treatment (PACT) Levels A, B, or C residential treatment services for individuals up to 21 years of age Mental health skill building services 	<ul style="list-style-type: none"> Services not deemed medically necessary Services that are considered experimental or investigational Services from non-enrolled Medicaid providers Substance abuse crisis intervention substance abuse day treatment for pregnant women substance abuse residential treatment for pregnant women substance abuse day treatment Substance abuse targeted case management services Therapeutic day treatment Transportation Treatment foster care case management

Attachment 2 – Durable Medical Equipment Coverage

PROVIDER CLASS TYPE 62 COVERED SERVICES FOR GAP					
Diabetic Products					
HCPSC Code	Description	Billing Unit	SA Type	Fee	Limit
	Supplies				
A4250	Urine test or reagent strips or tablet	Tablets or Strips - 100	N	\$38.88	3/2 Months
A4253	Blood glucose test or reagent strips for home blood glucose monitor,	Strips - 50	N	\$10.41	3/Month
A4256	Normal, low, and high calibrator solution/chips	Pkg.(5 ml vials)	N	\$4.00	1/Month
A4258	Spring-powered device for lancet	Each	N	\$2.52	1/month
A4259	Lancets	Box (of 100)	N	\$10.22	3/2 Months
S8490	Insulin Syringes	100/box	N	\$29.67	1/Month
A4245	Alcohol wipes	Box of 100	N	\$4.08	1/Month
	Glucose Monitors				
E0607	Home blood glucose monitor	Each	N	\$65.75	1/36 Months
E2100	Blood glucose monitor with integrated voice synthesizer	Each	Y	\$597.01	
E2101	Blood glucose monitor with integrated lancing/blood sample	Each	N	\$185.58	
E0607 RR	Home blood glucose monitor	Day	N	\$0.21	3 Months
E2100 RR	Blood glucose monitor with integrated voice synthesizer	Day	N	\$1.83	
E2101 RR	Blood glucose monitor with integrated lancing/blood sample	Day	N	\$0.60	
	Replacement Batteries				
A4233	Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each	Each	N	\$0.58	1/6 Months
A4234	Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each	Each	N	\$2.50	
A4235	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each	Each	N	\$1.06	
A4236	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each	Each	N	\$1.19	